Ī	uctions on pages 79, 80 and 81)		Total Surface	A. YOURSE	l F	B G	POUS	Pag
	1 CNMI wages and salaries from Form(s) W-2 and W-2CM		(基基基):12	12000			<u></u>	
	3 Total CNMI wasses and salaries not included in line 1/2.							
	Total CNMI wages and salaries (add lines 1 and 2). Amount on line 2 and the lines 1 and 2.		3	1200	5 -		to-	
Computation	Amount on line 3 not subject to the wage and salary tax (CNMI wages and salaries (subtract line 4 from line 3)	attach explanation):	4		- 10 g s	T 14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	رز حود اید و افرات حد	
[[· R · ABBRACK LITTLE TO COMPANY AND A SECOND TO COMPANY AND AND A SECOND TO COMPANY AND A SECOND TO	All Lands		12000	1 1 1 2 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		115050	
Ę	7 Education tax credit (attach Schedule ETC)		6	<u> </u>		新教司4 个	•	
ă ă	Wage and salary tax after credit (subtract line 7 from line	emplanter better to the contract of the contra		機構成立。實際的				1
-	9 Combined annual ways and colors to the control of	6)		4-81		(92)		1
	9 Combined annual wage and salary tax (add line 8, column	is A and B)			9	v	480	
1 .	as a local of the month of the party of the	CHAPTER CONTRACTOR			10	(Alaria) Profit	<u> </u>	
	11 Total wage and salary tax due or (overpaid) (add lines 9	indh ()			> 11 °	And the later	<u>, o</u>	
				A. YOURSE	LF	B. SF	POUS	F
	1 Gain from the sale of personal property		Carried Con				-000.	
;	One half of the gain from the sale of real property.		2		87			+
	3 One half of the net income from leasing of real property.							+
١.	4 Interest, dividends, rents, royalties (see Important Instru	ctions on page 80)						
	5a Gross winnings from any gaming, lottery, raffle, etc.		5a	2500	1		<u> </u>	
•	b Less amount excludable (attach Form(s) W-2G)		5b	Alabama and the second of the				+
	c Balance (subtract line 5b from line 5a)		5c	<u>ን ነን ነ</u> ጋ	+/			+
	6 Other income subject to the NMTIT, unless excludable un	decthe eamings tax	15.75 K. 16.75 E. 16.55 E. 16	<u> </u>	1 110			
	7 Total income subject to the earnings tax (add lines if thru	(aline:5c, and line 6)	aran marka	MA .		As established		
1	X Applial comings to:	こって 自己 かんだい ペン・ペン・ペン・ストー こうしょうりん こうへい とがし	and the state of t					-
	9 Education tax credit (attach Schedule ETC)	California de la Califo	20	132	-		<u> </u>	+-
1	10 Earnings tax after credit (subtract line 9 from line 8):			O	7.5	1987	<u> </u>	1 434
13	11 Total earnings tax due: (add line 10, columns A and B)		- L			- 14 - 1 - 1 - 1 - 1		
. W	COMPLETE SCHEDULE OS-3405A (APPLICATION FOR RE	BATE ON CHMI SOUR	CE TAXI ON E	PAGE A REFORE CO	- 11		<u> </u>	<u> </u>
T	1 Chapter 7 tax underpayment after non-refundable credit/e		OC MACRIES	AGE 4, BEFORE CU	MPLE	ING PART C		
100	2 Chapter 7 overpayment after non-refundable credit/entered	MANUAL COMPANY	CAN AND THE	Desired and the second	, 19 mm	2 1 2 2 3 3 3 3	<u> </u>	
	3 Rebate offset amount (enter amount from Form OS-3405A	Illned 72 no HBV	HUOA; IIIB. 15,	. рап в)	2	(C) = 3 (C) =	4-7	_
	4 Chapter 7 liability or (overpayment) after rebate offset and		CANAL PROPERTY.		3	<u>C.</u>	<u> </u>	70
	5 Tax on overpayment of credits	unit (aud inios) i il lougi	()	A.	4	. (4.4)	550	70
	6 Estimated tax penalty.			90000	5		<u> 1987</u>	
	7 Total Chapter 7 liability or (overpayment) (add lines 4, 5 ar	And the second second second	April of the second	40.	6		<u> </u>	
		environment restain electric all resultations are also with-		F.m. p.			وتدد	70
	1 Amount due or (overpaid), Chapter 2 and Chapter 7 (addill		and line 4 of p	art C)		enders and the	مدد	70
7)	Z CHAPTER 2- (b) Failure to File	CTCS TO COMPANY OF THE ACT OF THE COMPANY OF THE CO	2b	Control of the Contro		1.5		N prog
	(a) Enter amount underpaid. (c) Failure to Pa	And the second of the second of the second	2c	A PART OF				
. :	(d) Interest Charg		, 2d	Alleria e		14.5 m) (A
	3 CHAPTER 7 : (b) Fallure to File		:::::3b;: ∃	MANY G. T. S. C.			3.1.1	900
1	(a) Enter amount underpaid (c) Failure to Pa		, Jc∕	RH-MALLY ST	100	EJA:		
11 12 14 112 14	(d) Interest Char		3d . [14.4			
e in	4 Total penalty and interest charges (add lines 2b, 2c, 2d, 3)	(.3c,and/3d)		***************************************	4	Participant	0	139.5
Ş	5 Total amount due or (overpaid), Chapter 2 and Chapter 77	add lines 1 and 4 of this	part, and line	s 5 and 6 of part C)	5	788 (U.S	20	70
	6 If line 5 is an overpayment, enter amount you want credited	IC YOUR 2004 ESTIMAT	EQIJAX	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	6	400000		
	Amount from line 5 you want credited to your 2004 BUSINESS	GROSS REVENUE TA	X Indicate the	quarter	7.			
. 30.	8 Net overpayment		TO SELECT A SELECT	engan samuran	> 8 <	())2_V	(07
Dο	you want to allow another person to discuss this return with the	Division of Revenue a	nd Taxation (s	ee page 58)? 🛘 Yes.	Comp	lete the follow	ina. 🗆 N	vio
	signee's name ➤ Phone no. ➤(ลา มาเมื่อ แบบก็เหยื่อเป็นเกิด		. 秦州河 电虚拟电流作用范围电影				20 (A)
X (1	<u>된다는 보통하다 대통령의 마리 사용사이트를 보면 되는 것이 된 유민들이 없다.</u>	하다 사람들이 얼마나 가게 되었다.		cation number (PIN)	5.7			3 - 4
Unc	der penalties of perjury. I declare that I have examined this return and L. complete. Declaration of preparer (other than laxnaver) is hased	accompanying schedule:	and statement	s, and to the best of my	knowled	ge and belief, t	hey are tru	ie. co
- 10	complete. Declaration of preparer (other than taxpayer) is based of Your signature	an an amormation of while	i preparer nas	any knowledge.				
`	1 our algranure	Date Your	occupation	Daytim	phone	number		v i g
(Vale the lin	4-12-04 Bus	inosewo	man ()			
	Spouse's signature. If a joint return, BOTH must sign:		se's occupation		ryaniya 14 Notis 1 ya	<u>and or a said.</u> The grant of the control of the co	e er e sul. Gjalatetur	
								/
100	eparer's	Date					<u>U.L</u>	<u>{</u> }:
Pre			The second section and the second	Check if	Section 6	Preparer's	C SNI AL D	TIN
	nature		The strategy of the second of the	self-employed		i icpaiei s	JOIN OF	

SCHEDULE OS-3405A (APPLICATION FOR REBATE ON CNMI SOURCE INCOME TAX) AND CLAIM FOR ADDITIONAL CHILD TAX CREDIT

See instructions on page 82)

PΑ	[1] D. B. Walter, M. C. Control of M.	fundable Credits					
1	Wage and salary to	ax			480		
2	化二烷 经工作证据 经营销 医电影电影 医电影			2. 1483 L. Aar 12 14	δ		
. 3	Business gross rev					- Ç.	
		Name 💌	i in the second	ID No. 19 AP 4			
				3-		ç	
			经提出证据 医肾管检查			2 2. 1. V	
4	User fees paid			4		30°.	
5							
6	Total non-refundab	le credits (add lines 1 throug	h 5)			6	480 -
PA 7	RT B - Rebate Allocable percentag a Tax without the	ge: CNMI 7a <u>O</u>	%) %				
8	김 영화는 그 등 등을 살 수 있었다.						
9					673		
10	and the second s		he percentage as shown on l		240 1	40	
11	the contract of the contract o	一点,这个点点,只要说,这个点,更好的人,看一起,只是好了点点。	by the percentage as shown	and the second of the second o		.10	<u> </u>
12	official and the second of the second		line 6, part A)		673		
13		"我们,我想到了一个好,我们还没有一个人。"	lline 12 from line 11. If zero		4-80	<u>-</u>	(00)
14			refundable credits (add lines				(93 -
15			. If zero or less, enter -0-)				193
16	the state of the s		9, subtract line 9 from line 14		the control of the co	7.3	47
17		医动物性 医毛膜麻痹 电间隔 化二氯基二氯 医氯化钠	Page 3, Part C, line 3)		The state of the s		172 70
Spec This ACT Depa Taxa	ial Notice Part is provided to er C is being paid by the rument of Finance an tion, you are giving th	od the U.S. Treasury, and the U.S.	ue and Taxation to process ision of Revenue and Taxat plying for the ACTCt Refundantion to re	tion is only facilitating your d and allowing the refund to	ACTC claim as agreed to	Jpon	Please note that the between the CNMI
1	Additional Child Ta	x Credit. Enter the amount fr	om line 13 of Form 8812. (Atl	ach Form 8812)			
2 : / ·	·安全化的 人名英格兰斯特尔 经过代的	derpaid from line 5, Part D, p	· 李· [4] [4] [4] [4] [4] [4] [4] [4] [4] [4]				
3 3			e 2, but not less than zero)			.3	
\$			the ACTC (line 2 minus line 1	aff こうさらんび でんね マオコ しゃしゃ		. د. د	
				IL USE ONLY		* 7	
1.6 4.7 11. 11	DATE FILED *	DATE PAID	AMOUNT PAID			34 F	01409
t das l Alijad			- VMOONT LVID	RECEIPT NO.	VERIFIED BY		POSTED BY

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PAYER'S name, address, ZIP cod praidentification number, and telephon mber UNG JIN CORPORATION	CORRECTED (if checy 11 Gross winnings 1, 250, 00	Fede ome tax withheld	OMB No. 1545-023
	3 Type of wager	4 Date won	20 03
2.0. Box 503428	- Royal Flush	7003	Form W-20
SalPAN, MP 96950	5 Transaction	6 Race	Certair
06-0469532235=4321	7 Winnings from identical wagers	8 Cashier	Gambling Winnings
MINNER'S name, address (including apt. no.), and ZIP code; ; PARK, HWA SUN	9 Winner's taxpayer identification no.	10 Window	This information is
	11 First I.D.	12 Second I.D.	being furnished to the Interna Revenue Service
	13 State/Payer's state identification no.	14 State income tax withheld	Сору В
Inder penalties of perjury, I declare that, to the best of my knowledge and b orrectly identify me as the recipient of this payment and any payments from its	elief, the name, address, and taxpayer ider dentical wagers, and that no other person is	1 25(), (1() httlication number that I have furnished entitled to any part of these payments.	Report this income on your Federal tax return. If this form shows Federal income tax withheld in box 2, attach

identification number, and telephone amber	CORRECTED (if chec	Feder ome tax withheld	OMB No. 1545-0238
JUNG JIN CORPORATION	1, 250, 00 3 Type of wager	-4 Date won	2003
Р.О. вох 503428	FOYAL Flush 5 Transaction	()] /\)()	Form W-2G
SALPAN, MP 96950			Certain
20-3464532 235-4321	7 Winnings from identical wagers	8 Cashler	Gambling Winnings
WINNER'S name, address (Including apt. no.), and ZIP code : PACK, HWA SUN	9 Winner's taxpayer identification no.	10. Window	This information is
	11. First I.D.	12 Second I.D.	being furnished to the Internal Revenue Service.
There are the	13 State/Payer's state identification no.	14 State income tax withheld 250.00	Сору В
Under penalties of periury, I declare that, to the best of my knowledge and it correctly identify me as the recipient of this payment and any payments from Signature	pellef; the name, address, and taxpayer ide identical wagers, and that no other person is		Report this income on your Federal tax return. If this form shows Federal income tax withheld in box 2, attach

0	co	しょうしょう いちずい (のう) オーム・ログラム	三转 到达 美国人的 人名英格兰 医红色性炎	ITA f DN	LANDS	0	
a1 Federal ID number のらーひ作りソンゴム a2 CNMI Tax ID number.	a3. WOID	b. Serial number.	g. Loc. code ≟U i. SiC	h Days out of CNMI	i. Cit. code	C. For	
c. Employer's name, address, and ZIP of UNC JIN CUKPURAT	33.0		7993	1210	1. Entry permit no.	Employee's Record	
P.O. BOX 503428 Salpan, mP 96950			1. Wages, tips, o	ther compensation	2a. Income tax withheld (Chap. 7)	2b. Local wage & salary tax withheld (Chap. 2)	
		3. Social security	/ wages	4. Social security tax withheld			
d. Employee's social security number			5. Medicare wag 12,00		6. Medicare tax withheld		
e. Employee's first name and initial เมษา วับที่		ast name AKK	7. Social securit	/ tips Ù	8. Allocated tips U 10. Dependent care benefits		
f. Employee's address and ZIP code			9, Advance EIC	payment			
2.0.330k 503428				Ú			
SAIPAH, MP 9095U		11. Nonqualified	plans 0	12a. See Instructions for	box 12		
		13. Statutory Re employee pla		/ 12b. c			
€ 2003 Wag W-2CM St	je a ate	nd Tax ment	14a. Other	146.	12d. 0		



DIVISION OF REVENUE AND TAXATION

COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS

TERRITORIAL INDIVIDUAL INCOME TAX RETURN FOR SINGLE AND JOINT FILERS WITH NO DEPENDENTS AND CNMI SOURCE INCOME ONLY

orm	1040EZ-CM	(Please type or print in ink)	2004		
ress.	Your first name and initial Away Sun	Last Name Pauk		Your soc	ial security number
	if a joint return, spouse's first name and initial	Last Name	Apt. No.	Spouse's s	ocial security namner
	Nome Address (number and street). If you have a P	O. Box, see page 11: プレろ 十2 <i>分</i>			ORTANT ! *
- - - - -	in town or post office, state, and ZIP code. If you SOLD ON.	u have a foreign address, see page 11.		above.	ist enter SSN(s)
	1 Total wages, salaries, and tips. This s	hould be shown in box 1 of your W-2CM fo	orm(s). Attach your W-2C	M form(s)1	12000
	2 Taxable interest income. If the total is	over \$1,000 or over, you cannot use Form	1040EZ-CM	2	
	3 Unemployment compensation (see page	e 13)		3	
Ě	4 Add lines 1, 2, and 3. This is your ac	justed gross income		4	12005
no III	5 Can your parents (or someone else) cl		ust check YES or NO		
	Yes: Enter amount from worksheet	If married fi	nter \$7,950,00 ling jointly, enter \$15,900		7950-
	on page 3, line G.	See page 3	"worksheet section" for ex	planation.	
	5. Subtract line 5 from line 4. If line 5	is larger than line 4, enter -0 This is you	ır taxable income	6	4050 -
*	7 Enter your NMTIT (Chapter 7) incom	e tax withheld from box 2a of your W-2CM	v1 form(s)		24-5
=	8a Earned income credit (EIC)			8a	
주 설	b Non-taxable combat pay election			8b	
1	· · · · · · · · · · · · · · · · · · ·	total paymentsve to find your tax in the tax table on page	タカ さいとくしき しゅうしょうけつ	9 <u> </u>	200
<u>.</u>	Then, enter the tax from the table on			10	4-5-5-
ar or	11 If line 9 is larger than line 10, subtra	act line 10 from line 9. This is your refun	nd (before rebate)	11	
ort 5∧e	12 If line 10 is larger than line 9, subtra	act line 9 from line 10. This is the amour	nt you owe (before rebat	e offset)12	168 -
	Do you want to allow another person to dis	cuss this return with the Division of Revenue	e and Taxation (see page 1	9)? []Yes. Co	mplete the following. [] N
Parti	Designee's name	Phone no. () Pers	sonal identification number	er (PIN)	
	Under penalties of perjury, I declare that I ha	ve examined this return and accompanying sch of preparer (other than taxpayor) is based on all	edules and statements, and	lo the best of m	y knowledge and beset :
	Your signature	Date	Your occupation	er tras any know	Daytime prons
	Terle Hora	$\frac{3}{125}$	Bas needs	. KIN KI	number.
	➤ Spouse's signature. It a joint return, t	oth must sign. Date	Spouse's occupation		
, A	➤ Preparer's signature	Date	Check if self-employed		reparer's SSN or PTIN
repare Use Onty	Firm's name (or yours if self-			EIN	01412
્રહ	employed) and address and Zip			ZIP code	

PAGE 2 structions on page 4) A. YOURSELF B. SPOUSE CNMI wages and salaries from Form(s) W-2CM salary tax computation Other CNMI wages and salaries not included in line 1 Total CNMI wages and salaries (add lines and 2) 000 CNMI wages and salaries (subtract line 4 from line 3) 2000 Annual wage and salary tax: amd Combined annual tax (add line 6, Columns A and B) Wages and salary tax withheld and/or paid Total wage and salary tax due or (overpaid) (add lines 7 and 8) Total NMTIT (Chapter 7) tax (line 10, page 1) Rebate computation Total NMTIT (Chapter 7) payments made (enter amount from 9 page 1) 402 240 Total non-refundable credits (enter amount from line a part A) Tax after non-refundable credit (subtract line 3 from line 1) If zero or less, enter -0-) 0 NMTIT overpayment (subtract line 4 from line 2. If zero or less, enter-0-) 240 NMTIT underpayment (subtract line 2 from line 4 if zero or less; enter -0-) 0 Rebate base computation (see table on Part B. Page.4) Chapter 7 tax underpayment after non-refundable credit enter amount from line 6, part B) ca iculations 0 2 Chapter 7 overpayment after non-refundable credit (enter amount from line 5 part B)... Rebate/rebate offset amount from line Z part B) 240 Chapter 7 tax and rebate \circ Chapter 7 liability or (overpayment) after rebate offset amount (add lines 1 through 3). Tax on overpayment of credits. Estimated tax penalty. Total Chapter 7 liability or (overpayment) (add lines 4 through 6): Total due or (overpaid), Chapter 2 and Chapter ... (Add line 8 of part A and line 4 of part C)..... If this line shows an overpayment, continue on tolline 5 CHAPTER 2: Enter amount underpaid (b) Failure to File Combined due or (overpayment) (c) Failure to Pay 20 CHAPTER 7: Enter amount underpaid .3b (c) Fallure to Pay ...3c 4 Total-penalty and interest charges (add lines 2 D Total amount due or (overpair). Chapter 2 and Chapter / (act lines f and of this part; and lines 5 and 6 of part C... If line 5 is an overpayment, enter amount you want cre Net overpaymen JUL

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l,	[시민은 김 씨는 일본 14] [전 [시민] 기계를 가는 것이다.		TOUT DIE
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DEADLINE: APRIL 15, 2005

E ∠004 waye and lax E W-2CM Statement			, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	"Employee's address : ! ZIP code	e Employee's Just name and initial Last name ມີການ ວິບິທີ	9. Employee's social secturity number ン30ー9ローン772		Jallan, m	c. Employer's name, address, and ZIP code ייבי איז איז איז איז איז איז איז איז איז אי	voilo Volida Vol	DEPART IVISION OF RE COMMONWEALTH OF T
		3 Statutory Retirement Third-party	11; Nonqualified plans	9 Advance EIC payment	7: Social security tips	5. Medicare wages and lips	3. Social security wages TZ,000,00	1. Wages, lips, other compensation \$ 1.2,000,00	I SIC K. SOC	CNM!	ER PR
12d.	12c	() () () () () () () () () ()	12a. See Instructions for t	10. Dependent care benefits	8. Allocated lips	6 Medicare tax withheid	4. Social security lax withheld.	2a Income lax withheld (Chap. 7) 	l Entry permit no	i. Cil. cone	ON SLANDS
			s (or box 12	115			held.	2b Local wage & salary lax withheld (Chap. 2	Employee's Record		